

Informed Consent for Chiropractic Care

Chiropractic care, like all forms of health care, while offering considerable benefit can rarely entail significant risk. Even though this may seem obvious and the possibility is remote, we are required to inform you of this.

In our office we perform a thorough health history and examination to carefully screen for contraindications to Chiropractic care. We make sure that necessary diagnostic testing has been performed and refer to other medical professionals when indicated. Inform me of any condition that might not otherwise come to my attention.

Most people experience pain relief and increased mobility. About 20% have initial increase in soreness and stiffness. Occasional strain or skin irritation will occur at first. Serious bodily harm is extremely rare and is not an inherent risk of chiropractic treatment. When variables such as osteoporosis, cancer, medications, aneurysm or previous injury are present treatment can be associated with serious adverse events such as a fracture, stroke, dislocation, etc.

In addition to all of this we use very gentle techniques to minimize the chance of injury. Regular referrals from medical doctors support our reputation in this regard.

I understand and accept that there are risks associated with Chiropractic care and give my consent to the examinations that the doctor deems necessary, and to the Chiropractic care including spinal adjustments and other modalities. I will inform the doctor of any pertinent information.

Patient Name (printed)

Signature

Date

Witness (staff)

Date